

**BOARD OF VOCATIONAL NURSING
AND PSYCHIATRIC TECHNICIANS**

2535 CAPITOL OAKS DRIVE, SUITE 205
SACRAMENTO, CALIFORNIA 95833-2945
TELEPHONE (916) 263-7800; FAX (916) 263-7855
INTERNET ADDRESS: <http://www.bvnpt.ca.gov>

**INSTRUCTIONS FOR LIVE SCAN FINGERPRINTING****I. FINGERPRINT REQUIREMENTS**

All applicants are required to submit two sets of fingerprints. All requests from this Board for background checks of applicants must be submitted to the **Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI)** either by Live Scan or on a completed ten-print (hard card) applicant fingerprint card. Previously processed fingerprint cards, or photocopies of fingerprint impressions are not acceptable.

A LICENSE WILL NOT BE ISSUED UNTIL THE BOARD RECEIVES THE BACKGROUND INFORMATION FROM THE DOJ. However, the Board will not delay licensure while awaiting the FBI reports. If a conviction is subsequently reported by the FBI, the Board will take disciplinary action against the license if the conviction is substantially related to the licensee's scope of practice.

Fingerprint Fees

The DOJ and FBI fingerprint processing fees are established by each agency and are subject to change by the agency without notice from the Board. Section 11105(e) of the Penal Code authorizes the Board to collect fees sufficient to recover the expense of conducting background checks.

DOJ FINGERPRINT PROCESSING FEE \$32.00
FBI FINGERPRINT PROCESSING FEE \$24.00

The fingerprint processing fees must be in the form of cash, check or money order, and must be paid at the Applicant Live Scan site at the time that you obtain your live scan fingerprints. Please be aware that these processing fees are in addition to the service fee charged by the Live Scan operator.

II. COMPLETE THE REQUEST FOR LIVE SCAN SERVICE APPLICANT SUBMISSION FORM

Applicants must complete and submit the enclosed Request for Live Scan Service Applicant Submission form (BCII 8016) at the Live Scan site. Once your fingerprints have been scanned, the Live Scan operator will complete Box 6 of this form and return the second and third copies to you. **THE SECOND COPY OF THIS FORM, WITH BOX 6 COMPLETED BY THE LIVE SCAN OPERATOR, MUST BE SUBMITTED TO THE BOARD WITH YOUR APPLICATION IN ORDER FOR THE BOARD TO RETRIEVE YOUR CRIMINAL HISTORY REPORT FROM DOJ. Retain the third copy for your records.**

Live Scan fingerprints can be obtained at most local Police and Sheriff stations, local offices of the Department of Justice, and some large school districts. A current listing of Live Scan sites is available at the DOJ website at <http://caag.state.ca.us/app/livescan.htm>, select "Contact Information". **APPLICANTS SHOULD CALL THE LIVE SCAN SITE FOR HOURS OF OPERATION AND FEES, AND TO DETERMINE IF AN APPOINTMENT IS NECESSARY.** You must present valid photo identification (i.e., driver's license or ID, military ID, or passport) at the live scan site.

SEE BACK PAGE FOR SPECIFIC INSTRUCTIONS FOR COMPLETING THE REQUEST FOR LIVE SCAN SERVICE APPLICANT SUBMISSION FORM

COMPLETE THE ENCLOSED "REQUEST FOR LIVE SCAN SERVICE APPLICANT SUBMISSION FORM". Once your fingerprints have been scanned, the Live Scan operator will complete Box 6 of this form and return the second and third copies to you.

- **Your name must be identical to that submitted on your application.**
- All applicants must complete all items which are marked by a black "X".
- To facilitate prompt and accurate processing, please **TYPE or print legibly** all requested information.

Box 1:

Job Title of Type of License, Certification or Permit - Place an "X" in the box next to the license type for which you are applying (i.e., vocational nurse license or psychiatric technician license).

Box 2: No action required.

Box 3:

Name of Applicant - Indicate your complete name, identical to that submitted on your application

AKA's - Indicate all other names used (i.e., maiden name, previous married names, and/or alias names)

DOB - Indicate your month/day/year of birth

Sex - Place an "X" in the appropriate box (i.e., Male or Female)

HT - Indicate your height in feet and inches using a three-digit code (first digit = feet, second and third digits = inches)

EXAMPLE: 5 feet 9 inches = 509

WT - Indicate your weight in pounds

Eye Color - Indicate eye color abbreviation:

BLK - Black

GRY - Gray

MAR - Maroon

BLU - Blue

GRN - Green

PNK - Pink

BRO - Brown

HAZ - Hazel

MUL - Multicolor

Hair Color - Indicate hair code abbreviation:

BAL - Bald

BRO - Brown

SDY - Sandy

BLK - Black

GRY - Gray

WHI - White

BLN - Blonde

RED - Red

POB - Indicate the state or country of birth

SOC - Enter your social security number

CDL - Enter your California Driver's license number

Box 4:

Level of Service - If you are submitting fingerprints with your initial application to the Board, indicate both DOJ and FBI by placing an "X" in each box. If you have previously submitted fingerprint cards which have been rejected, the appropriate information will be entered by Board staff.

Box 5: No action required.

Box 6: To be completed by the Live Scan operator.

REMEMBER, THE SECOND COPY OF THE FORM MUST BE SUBMITTED TO THE BOARD WITH YOUR APPLICATION IN ORDER FOR THE BOARD TO RETRIEVE YOUR CRIMINAL HISTORY REPORT FROM DOJ.

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**IMPORTANT FINGERPRINT INFORMATION**
PLEASE READ CAREFULLY

The Board requires a Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) criminal history background check on all applicants for vocational nurse and psychiatric technician licensure.

There are currently two methods available for submitting fingerprints, applicant live scan, or the ten-print (hard card) applicant fingerprint card. Applicants should review the following information carefully to determine the appropriate method.

1. Applicant Live Scan

Applicant Live Scan is a system for the electronic submission of fingerprints. DOJ is able to process up to 95% of live scan applicant fingerprint submissions in 72 hours or less. In those instances where a complete record is not available or manual processing is required, additional time is needed for a response.

If you currently reside in or near the State of California, the Board recommends you use Live Scan to submit your fingerprints. Please use the enclosed ***Request For Live Scan Service Applicant Submission form. (Form BCII 8016)***. Carefully follow the enclosed instructions for obtaining live scan fingerprints.

2. Ten-Print "Hard Card" Applicant Fingerprint Card

The Applicant Live Scan process is currently only available within the State of California. If you reside outside of the State of California, you must use the "hard card" fingerprint method. **Please be advised that the DOJ processing time for hard card fingerprints is a minimum of 8 to 12 weeks, or longer.**

If there are no fingerprint cards enclosed, please contact the Board office as soon as possible and request that the "hard card" fingerprint cards be mailed to you.

A LICENSE WILL NOT BE ISSUED UNTIL THE BOARD RECEIVES THE BACKGROUND INFORMATION FROM THE DOJ.

REQUEST FOR LIVE SCAN SERVICE FORM
Applicant Submission

ORI: _____ Type of Application (check one) ☐ Employment ☐ License, Certification, Permit ☐ Volunteer
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: License Type **(CHECK ONE)** VOCATIONAL NURSE PSYCHIATRIC TECHNICIAN

Agency Address Set Contributing Agency

Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)

Street No. Street or PO Box Contact Name (mandatory for all school submissions)

City State Zip Code () Contact Telephone No.

Name of Applicant: _____
(Please Print) Last First MI

AKA's: _____ CDL No. _____

Last First
DOB: _____ SEX: ☐ Male ☐ Female Misc. No. **BIL**: _____

HGT: _____ WGT: _____ Misc No: _____

EYE Color: _____ HAIR Color: _____ Home Address: (Applies only if Youth Org/HRA or Public Utility)

POB: _____
Street or PO Box

SOC: _____
City, State and Zip Code

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service ☐ DOJ ☐ FBI

If resubmission, list Original ATI No. _____

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, & Department of Corporations submissions only)

Employer Name

Street No. Street or PO Box Mail Code (five digit code assigned by DOJ)

City State Zip Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____ Date: _____

Transmitting Agency ATI No. Amount Collected/Billed

BCII 8016 ORIGINAL-Live Scan Operator: SECOND COPY-Requesting Agency THIRD COPY-Applicant

REQUEST FOR LIVE SCAN SERVICE FORM
Applicant Submission

ORI: _____ Type of Application (check one) ☐ Employment ☐ License, Certification, Permit ☐ Volunteer
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: License Type **(CHECK ONE)** VOCATIONAL NURSE PSYCHIATRIC TECHNICIAN

Agency Address Set Contributing Agency

Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)

Street No. Street or PO Box Contact Name (mandatory for all school submissions)

City State Zip Code () Contact Telephone No.

Name of Applicant: _____
(Please Print) Last First MI

AKA's: _____ CDL No. _____

Last First
DOB: _____ SEX: ☐ Male ☐ Female Misc. No. **BIL**: _____

HGT: _____ WGT: _____ Misc No: _____

EYE Color: _____ HAIR Color: _____ Home Address: (Applies only if Youth Org/HRA or Public Utility)

POB: _____
Street or PO Box

SOC: _____
City, State and Zip Code

Your Number: _____
OCA No. (Agency Identifying No.)

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REQUEST FOR LIVE SCAN SERVICE FORM
Applicant Submission

ORI: _____ Type of Application (check one) ☐ Employment ☐ License, Certification, Permit ☐ Volunteer
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: License Type **(CHECK ONE)** VOCATIONAL NURSE PSYCHIATRIC TECHNICIAN

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Street No. Street or PO Box Contact Name (mandatory for all school submissions)

City State Zip Code () Contact Telephone No.

Name of Applicant: _____
(Please Print) Last First MI

AKA's: _____ CDL No. _____

Last First
DOB: _____ SEX: ☐ Male ☐ Female Misc. No. **BIL**: _____

HGT: _____ WGT: _____ Misc No: _____

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POB: _____
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SOC: _____
City, State and Zip Code

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service ☐ DOJ ☐ FBI

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Employer: (Additional response for Department of Social Services, DMV/CHP licensing, & Department of Corporations submissions only)

Employer Name

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City State Zip Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____ Date: _____

Transmitting Agency ATI No. Amount Collected/Billed

BCII 8016 ORIGINAL-Live Scan Operator: SECOND COPY-Requesting Agency THIRD COPY-Applicant

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**Notice on Collection of Personal Information
For Applicants and Licensees**

Collection and Use of Personal Information. The Board of Vocational Nursing and Psychiatric Technicians (BVNPT) of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Section 30 (General Provisions); Business and Professions Code Division 2, Chapter 6.5, Articles 1 & 2 (Vocational Nursing Practice Act) and Chapter 10, Articles 1 & 2 (Psychiatric Technicians Law); and California Code of Regulations Title 16, Division 25, Chapter 1 (Vocational Nurses) and Chapter 2 (Psychiatric Technicians). The BVNPT uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by law and regulation.

Mandatory Submission. Submission of the requested information is mandatory. The BVNPT cannot consider your application for licensure or renewal unless you provide all of the requested information.

Access to Personal Information. You may review the records maintained by the BVNPT that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. The BVNPT makes every effort to protect the personal information you provide. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information. For questions about this notice or access to your records, you may contact the Board of Vocational Nursing and Psychiatric Technicians, 2535 Capitol Oaks Drive, Suite 205, Sacramento, CA 95833, (916) 263-7800 or email bvnpt@dca.ca.gov. For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, you may contact the Office of Privacy Protection in the Department of Consumer Affairs, 400 R Street, Sacramento, CA 95814, (866) 785-9663 or email privacy@dca.ca.gov.